

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

Jason Leopold and BuzzFeed Inc.

Plaintiff

v.

U.S. Department of Justice, et. al.

Defendant

Civil Action No. 1:19-cv-00957

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

U.S. Department of Justice
950 Pennsylvania Ave, NW
Washington, DC 20530

A lawsuit has been filed against you.

Within 30 days after service of this summons on you (not counting the day you received it) you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Matthew V. Topic
Loevy & Loevy
311 N. Aberdeen St., 3rd Fl.
Chicago, IL 60607

If you fail to respond, judgment by default may be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ANGELA D. CAESAR, CLERK OF COURT

Date: 04/05/2019



/s/ Simone Bledsoe

Signature of Clerk or Deputy Clerk

Civil Action No. 1:19-cv-00957

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) U.S. Dept. of Justice
was received by me on (date) 4/5/19

☐ I personally served the summons on the individual at (place) _____
_____ on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
_____ on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other (specify): I served the summons via USPS Certified Mail, Return Receipt Requested, Article No. 7018 1830 0000 4325 8367.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 4/8/19

Blake D. Bunting

Server's signature
Blake D. Bunting, paralegal

Printed name and title
Loery + Loery
311 W. Aberdeen St. 3rd Fl.
Chicago, IL 60607

Server's address

Additional information regarding attempted service, etc:

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature</p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> |
| <p>1. Article Addressed to:</p> <p>U.S. Dept. of Justice 950 Pennsylvania Ave NW Washington, DC 20530</p> | <p>B. Received by (Printed Name) <i>July Lane</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below APR 15 2019 <input checked="" type="checkbox"/> No</p> |
| <p>9590 9402 3277 7196 8406 79</p> | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> |
| <p>2. Article Number (Transfer from service label)</p> <p>7018 1830 0000 4325 8367</p> | <p><input type="checkbox"/> Registered Mail Restricted Delivery (\$500)</p> |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> | <p>Domestic Return Receipt</p> |